

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2014
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint #IN00150070.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint #IN00150070 - Unsubstantiated due to lack of evidence.</p> <p>Survey Dates: May 27, 28, 29, 30, 2014 and June 2, 3, 4, 5, 2014.</p> <p>Facility number: 000222 Provider number 155329 AIM number: 100274950</p> <p>Survey Team: Tom Stauss, RN-TC Beth Walsh, RN Courtney Mujic, RN Karina Gates, Generalist</p> <p>Census Bed Type: SNF: 11 SNF/NF: 133 Total: 144</p> <p>Census Payor Type: Medicare:38 Medicaid:75 Other:31 Total: 144</p> <p>These state findings are cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 13, 2014 by</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Cheryl Fielden RN.	F 000			